

# *The RivAH Digest*

*A quarterly newsletter of the Rappahannock Area Health District*



## **RAHD celebrates World TB Day & wins Traveling Spittoon Award**



The Rappahannock Area Health District was the recipient of the 2004 TB Traveling Spittoon Award presented by the Division of Tuberculosis Control during World TB Day celebrations. World TB Day was officially March 24, 2004. The Division of TB Control at the Virginia Department of Health awards the district in each health region that had the most successful year in TB case management, including both infectious and non-infectious cases.

This was the second year in a row that RAHD was honored for their efforts in direct observed therapy, completion of therapy, management of cases with complicating factors such as HIV, and investigation and evaluation of contacts. RAHD reported an increase in infectious TB cases from 3 cases in 2002 to 6 cases in 2003. In 2003, the Northwest Region reported for the first time a higher number of foreign-born TB cases than US born cases.

As part of TB continuing education, on April 2, 2004, Dr. Margaret Tipple, Director of the TB Control Program at the Virginia Department of Health provided a presentation on TB trends in Virginia to physicians at Mary Washington Hospital.

More TB statistics and information can be found on the Virginia Department of Health's web site at: [www.vdh.virginia.gov](http://www.vdh.virginia.gov)

## **New TB Screening Policy Being Considered by Area Schools**

The consideration of a TB screening policy for area school children was prompted by a tuberculosis outbreak in a Henrico County school and the increasing number of TB cases in Northern Virginia. A TB School Policy Planning Group was formed consisting of the school nurse coordinator from each school division and our district TB Public Health Nurse Coordinator. The planning group's recommendations were reviewed and approved by the Virginia Department of Health Office for TB Control experts.

We are recommending that the schools conduct TB risk screening of all students entering school for the first time and require tuberculin skin test on those students at risk for TB disease as determined by the screening tool. This includes those students entering kindergarten and transfer students. We also recommend TB risk screening of all 7<sup>th</sup> grade students and tuberculin skin testing on those students at risk for TB disease. Screening and testing of 7<sup>th</sup> grade students should be conducted for the first 6 years following implementation of recommendation #1 then discontinued.

Thus, area physicians may be seeing requests from the schools to provide documentation of a negative TB (Mantoux) skin test within the past 3 months with no current symptoms of active TB disease or documentation of completion of adequate treatment for active tuberculosis disease or latent TB infection with no current symptoms of active disease.

## **April 2004**

### **Health Departments:**

- *Rappahannock District*  
540-899-4797
- *Caroline*  
804-633-5465
- *King George*  
540-775-3111
- *Fredericksburg*  
540-899-4142
- *Spotsylvania*  
540-582-7155
- *Stafford*  
540-659-3101

### **After hours reporting:**

- *Communicable Disease & Outbreak Reporting to Epidemiologist @ pager*  
540-372-2815
- *Environmental Pager*  
540-899-8601
- *Rabies Pager*  
540-372-2562
- *New Toll-free number for public health & Bioterrorism events*  
866-531-3068

## Selected Reportable Diseases in RAHD January—March 2004 vs January-March 2003\*

DISEASE	2004		2003		Diff	% change	2003 State	
	(n)	rate <sup>†</sup>	(n)	rate <sup>†</sup>	(n)	(%)	(n)	rate <sup>†</sup>
AIDS	3	1.1	1	0.4	2	200.0%	229	3.1
Campylobacter	4	1.5	4	1.5	0	0.0%	83	1.1
Chlamydia Trachomatis	158	59.0	108	40.3	50	46.3%	4084	56.0
E. Coli (O157:H7)	0	0.0	0	0.0	0	---	42	0.6
Giardiasis	6	2.2	5	1.9	1	20.0%	51	0.7
Gonorrhea	40	14.9	46	17.2	-6	-13.0%	2024	27.8
HIV Infection	8	3.0	4	1.5	4	100.0%	200	2.7
<b>Hepatitis A</b>	8	3.0	1	0.4	7	700.0%	28	0.4
Hepatitis B	3	1.1	1	0.4	2	200.0%	34	0.5
Hepatitis C	31	11.6	38	14.2	-7	-18.4%	---	---
Lead - elevated blood levels	0	0.0	2	0.7	-2	-100.0%	107	1.5
Lyme Disease	4	1.5	1	0.4	3	300.0%	---	---
<b>Meningococcal Infection</b>	0	0.0	2	0.7	-2	-100.0%	6	0.1
<b>Pertussis</b>	1	0.4	0	0.0	1	---	28	0.4
Rabies (PEP)	5	1.9	13	4.9	-8	-61.5%	---	0.0
<b>Rabies (ANIMAL)</b>	7	2.6	8	3.0	-1	-12.5%	130	1.8
Streptococcus pneumoniae (<5 yo)	3	1.1	0	0.0	3	---	---	---
Salmonellosis	3	1.1	8	3.0	-5	-62.5%	116	1.6
Shigellosis	1	0.4	2	0.7	-1	-50.0%	61	0.8
Streptococcal Disease, Group A, invasive	6	2.2	2	0.7	4	200.0%	---	---
Syphilis, Total Early (primary, secondary, early latent)	0	0.0	3	1.1	-3	-100.0%	48	0.7
<b>Tuberculosis (Mycobacteria)</b>	2	0.7	1	0.4	1	100.0%	48	0.7
<b>Total</b>	<b>293</b>	<b>109.4</b>	<b>250</b>	<b>93.4</b>	<b>43</b>	<b>17.2%</b>	<b>7319</b>	<b>100.3</b>

\* Data is preliminary

† Rate based on 2002 US Census (267,748 for Rappahannock; 7,293,542 for VA)

### Summary of Disease Data 2004

During the first quarter of 2004, the Rappahannock Area Health District has been investigating an increase in Hepatitis A IgM positive reports among persons over the age of 50. Some of these reports appear to be false positives. Cases were asymptomatic and anicteric; however had elevated liver enzymes. When retested using the state laboratory, results were Total A (IgG & IgM) positive, but acute IgM negative. RAHD and the Virginia Department of Health continue to investigate and recommends providers remain vigilant for asymptomatic infections and report all IgM positive Hepatitis A cases to the District Epidemiologist.

Please report suspect cases of rapidly reportable diseases to the RAHD Epidemiologist. For additional Epi-1 Morbidity Reports, please call 540-899-4797 x 103.

## Dr. Jodi Kuhn joins RAHD as Environmental Health Manager

Dr. Jodi Kuhn joined the RAHD Team on December 15 as the new Environmental Health Manager for Planning District 16.

Jodi received a doctorate degree in Public Health from University of Hawaii, MPH from San Diego State and BS in Environmental Health from Indiana University. Her last work was with the Chemical Manufacturers Association providing advocacy and leadership for manufacturers of selected chemical products representing them to regulatory bodies and general public. As part of her work with the chemical industry she communicated health

risks and environmental health issues to staff through various training responsibilities, regulatory bodies and the general public. In this work she assessed and interpreted various federal and state regulations, technical information, managed a variety of contracts and project specific budgets up to \$3.5 million. She as worked as a Task Manager with the US Marine Corp Environmental Program working on compliance programs for USMC installations world wide. She has public health experience as an industrial hygienist including significant supervisory experience. Jodi has had several lead-

ership type positions in the context of her work on various panels as a Panel Manager with Chemical Manufacturer Association and Task Manager for the USMC Environmental Program.

**Jodi Kuhn can be reached at  
540-899-4797 x 114**

Please visit us on the  
web @  
[www.vdh.virginia.gov](http://www.vdh.virginia.gov)

## The Medical Reserve Corps needs you!



The Medical Reserve Corps (MRC) is one of five programs of the Citizen Corps created by President Bush as a result of the September 11, 2001 terrorism attacks. This nationwide medical and health system organizes local health professionals and other volunteers to respond to emergencies that pose threats to the health of their communities.

The specific purpose of the Medical Reserve Corps in the Rappahannock Area Health District is to assist in its response to local public health emergencies such as bioterrorism incidents, communicable disease outbreaks, and natural disasters. To assist Corps members with their roles in these types of events the Health District will provide a variety of training programs, such as "Incident Command" and "Bioterrorism Agents". The Medical Reserve Corps may also help with ongoing public health programs. Members of the Corps serve without pay on an as-available basis.

The MRC needs healthcare professionals especially physicians, nurses and pharmacists.

The Rappahannock MRC gets involved in many public health and community issues. The MRC was recently awarded \$2,500 from the Center for Injury and Violence at the Virginia Department of Health to distribute 1000 gun locks as part of a gun safety program. The gun locks are available free of charge and can be obtained through your local health department.

**For more information or to volunteer please contact Joe Saitta, Bioterrorism Coordinator, at 899-4797 x111. Or visit the MRC web site:**  
[www.medicalreservecorps.us](http://www.medicalreservecorps.us)

## Coming Soon: Z-cards

The Virginia Department of Health is introducing a new information tool to help people prepare for public health emergencies. This handy wallet card contains useful emergency preparedness tips and a fill-in-the-blank area to record personal health information necessary for receiving medical services during an emergency. Virginia is the first state to produce and distribute such a tool. VDH is partnering with Wal-Mart, Giant Food, and Safeway to dis-

tribute 1.1 million wallet cards. The grocery stores will provide the cards at their pharmacies. About the size of a credit card, the compact format is expandable and its contents include:

- Tips for creating a family emergency health plan and template
- Information about mass immunizations/medications and what people should do if directed to a dispensing site

- Chart of a few diseases and exposures potentially associated with terrorism, including general symptoms and treatment information
- Contact information for additional resources

For more information, or to pick up your Z-card, contact your local health department.

*Donald Stern, MD, MPH — Director of Public Health*  
*Leah Halfon, MPH — District Epidemiologist*

Rappahannock Area Health District  
608 Jackson Street  
Fredericksburg, VA 22401  
Phone: 540-899-4797  
Fax: 540-899-4599



## West Nile Virus Update and New Task Force Leader

Planning District 16 has a new leader for the West Nile Virus Task Force.

Emily Hale joined the Rappahannock Area Health District as the first West Nile Virus Specialist. Emily has been performing mosquito surveillance since September, 2003 to try to pinpoint the mosquito populations in the district that are transmitting WNV. Locating these populations provides another edge on hindering the spread of this disease. Emily also coordinates educational activities with the West Nile Virus Taskforce for schools and service groups.



During the 2003 season, the planning district conducted dead bird testing until late September. By the end of the collection period the localities had the following positives: Caroline County submitted 11 total birds, 9 crows, 1 jay, and one wild turkey; Fredericksburg submitted 10 positive crows; King George submitted 9 positive crows; Spotsylvania submitted 13 positive crows and 1 positive jay; and Stafford submitted 14 positive crows and 2 positive jays. There were no positive mosquito pools and no human cases this season in the RAHD.

For the first time in recent history the RAHD had a confirmed case of Eastern Equine Encephalitis (EEE) that occurred in a resident emu herd in southern Spotsylvania County. Like West Nile Virus, EEE is transmitted from the bird population to other hosts via mosquitoes. Eastern Equine Encephalitis is more rare in humans than WNV, but it is more likely to cause serious illness. Protective measures for EEE are the same as for WNV- long, loose, light-colored clothing, use of DEET-containing insect repellent, and removing standing water in containers and puddles.

Planning District 16 recently held the first West Nile Virus Task Force meeting for 2004. WNV Season usually runs from April until October. Emily Hale can be reached at the Caroline County Health Department at 804-633-5465.